

SWALE

AC 4412(3) SWALE

SWALE RURAL DISTRICT COUNCIL.

1949

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR

1949

COLONEL W. H. CRICHTON,

C.I.E., I.M.S., (RET.),

M.B., CH.B., (EDIN), D.P.H., (LOND).,

MEDICAL OFFICER OF HEALTH.

VOILE & ROBERSON LTD.,
FAVERSHAM

1950

SWALE RURAL DISTRICT COUNCIL.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR

1949

COLONEL W. H. CRICHTON,

C.I.E., I.M.S., (RET.),

M.B., CH.B., (EDIN), D.P.H., (LOND).,

MEDICAL OFFICER OF HEALTH.

VOILE & ROBERSON LTD.,
FAVERSHAM

1950

CONTENTS

	Page
Swale Rural District Council	4
The Staff of the Public Health Department	5
Section I.	
Social Conditions	7
Section II.	
Vital Statistics	8
Section III.	
Infectious and Other Diseases	11
Section IV.	
General Provision of Health Services	14
Section V.	
Sanitary Circumstances of the Area	17
Section VI.	
Food and Food Inspection	18
Section VII.	
Housing	20
Appendices	24 - 28

SWALE RURAL DISTRICT COUNCIL

Chairman — W. S. Stevens, Esq.

<i>Parish</i>	<i>Councillors</i>	
Badlesmere and Leaveland	Morgan-Kirby, D. W.	*
Bapchild	Baker, A. L.	†
Bobbing and Iwade	Phipps, C. R.	*
Borden	Hattie, W.	*
Boughton	Branchett, H.	†
Bredgar	Coles, E. L.	
Buckland, Norton and Stone	French, W. A.	
Doddington	Elvy, F.	
Dunkirk	Ash, T. F.	
Eastling	Meeson, A. J.	
Faversham Without, Goodnestone and Graveney	Vinson, E.	
Halstow Lower	Bennett, A. J.	
Hartlip	Stevens, W. S.	*†
Hernhill	Bones, A.	
Kingsdown, Milstead and Rodmersham	White, W. H.	*
Luddenham	Stevens, S.	
Lynsted	Pilcher, A. W.	†
Newington	Ledger, E. C.	†
Newnham	Prentis, J. E.	*†
Oare	Harrison, F. E.	
Ospringe	Fisher, G. F.	
Selling	Neame, F. I.	†
Sheldwich	Milgate, E. T.	
Stalisfield	Lintott, P.	
Teynham	Moor, D. J.	†
Throwley	James, G. D.	*†
Tonge	Gascoyne, G. A. C.	†
Tunstall	Bensted, F. H.	
Upchurch	Bishop, C. C.	*

* Members of the Health Committee.

† Members of the Housing Committee.

Clerk of the Council — Bryan Tassell, Esq.

PUBLIC HEALTH DEPARTMENT

MEDICAL OFFICER OF HEALTH

Col. W. H. Crichton, C.I.E., I.M.S. (Ret.)
M.B., Ch.B. (Edin.), D.P.H. (Lond.).

CHIEF SANITARY INSPECTOR

Mr. R. K. Dunning, M.R.San.I., M.S.I.A.

SANITARY INSPECTORS

Mr. C. G. A. Rudd, C.R.S.I.
Mr. J. Wilford, C.S.I.B., M.S.I.A., M.R.I.P.H.H.

SANITARY ASSISTANT

Mr. D. W. French

CLERICAL STAFF

Miss D. Mills
Mr. W. G. G. Lewis

RODENT OPERATOR

Mr. F. Lockwood

SWALE RURAL DISTRICT COUNCIL

Telephone No. 2325

Public Health Offices,
Newton House,
Newton Road,
Faversham.

July, 1950.

The Chairman and Members of the Swale R.D.C.

I have the honour to present my third Annual Report on the Public Health of the Swale Rural District.

I would commend to your special attention the following features of the Report, viz.:—

- (a) the **decrease** of 250 in the mid-year population as estimated by the Registrar General (page 8 para. 3);
- (b) the fall in the birth rate (page 8);
- (c) the very appreciable improvement in the infant mortality rate (page 10);
- (d) the low incidence of infectious disease (pages 11 & 12);
and
- (e) the continued seriousness of the housing situation (Pages 20 to 23);

In connection with the last point, the Council should take into serious consideration the figures already apparent in the uncompleted housing survey, which reveals that no less than 413 or 10.6 per cent. of houses are unfit for human occupation, and that a further 913 or 23.6 per cent. are in need of extensive repairs. To make any headway in this situation, taken in conjunction with the persistently high demand for houses on the "live" list of applicants, a minimum of 150 new houses a year would appear to be required if improvement is to be hoped for in any foreseeable future. In these circumstances it is impossible not to view with apprehension and dismay the whittling down of housing programmes, the continued restrictions on rentals which make the maintenance of property impossible, and the limitations imposed on licenses for repairs.

One further point I would commend to your attention in connection with housing is the need for reform in the method of selection of tenants. A "points" scheme has been submitted to you for consideration which is designed to give each applicant a fair chance **on his needs**, and to relieve individual Council members of the responsibility of making the final recommendation to the Council.

My thanks are due to the Chief Sanitary Inspector, Mr. R. K. Dunning, and the Sanitary Inspectors, Mr. C. G. A. Rudd and Mr. J. Wilford, for their loyal assistance and co-operation in the discharge of their duties. With the large and scattered area of responsibility I now have as Medical Officer of Health to six districts, the need for an efficient staff of Sanitary Inspectors is more necessary than ever, and I am happy to have so excellent a team to work with. A special commendation is also due to Miss Mills, the Clerk of the Health Department, and to the Rodent Operator, Mr. Lockwood, for their excellent work in their respective spheres.

Finally, I wish to express my gratitude for the willing assistance and co-operation received from the Officers of the Council and to you and the Members of the Health Committee for your support and consideration.

I have the honour to remain,

Sirs,

Your obedient servant,

W. H. CRICHTON,

Colonel I.M.S. (Retd.).

SECTION I.

SOCIAL CONDITIONS

1. Climatology

The year 1949 was noted for an exceptionally hot and very dry summer during three months of which there was an average of less than 1 inch of rainfall per month, followed in October and November by a very heavy rainfall (6.32 inches and 3.40 inches respectively). The winter months, both at the beginning and at the end of the year, were mild and there was little snow fall. The monthly averages of temperature and rainfall are shown in Appendix A (page 24).

2. Area

70,000 acres. No change.

3. Population

The Registrar General's estimate of the mid-year population of the District is 18,890, a **decrease** of 250 on the figure for the preceding year. It is difficult to understand how this figure has been arrived at, particularly so as there is an excess of 140 births over deaths occurring in the year and 150 more houses are inhabited. The Health Department has no information of any considerable migration of population which might account for the decrease shown by the Registrar General.

4. Number of Inhabited Houses

The number of inhabited houses in the District has increased to 6,125 as compared with 5,975 at the end of 1948.

5. Rateable Value

£70,086 (£69,710).

6. Sum Represented by Penny Rate

£280 as compared with £275 in 1948.

SECTION II.
VITAL STATISTICS**1. Births**

(a) Twenty-four fewer babies were born in 1949 than in the preceding year. The details are as follows:—

	Males	Females	Totals
(i) Live Births —Legitimate ...	194 (195)	158 (171)	352 (366)
Illegitimate	7 (12)	8 (13)	15 (25)
	<hr/> 201 (207)	<hr/> 166 (184)	<hr/> 367 (391)
	<hr/>	<hr/>	<hr/>
	Males	Females	Totals
(ii) Still Births —Legitimate ...	2	6	8
Illegitimate	-	-	-
	<hr/> 2 (1)	<hr/> 6 (4)	<hr/> 8 (5)
	<hr/>	<hr/>	<hr/>

(iii) **Birth Rate.**—The birth rate per thousand of the estimated population has fallen again to **19.3** as compared with 20.3 in 1948 and 24.4 in 1947. This downward trend is general throughout the country and the birth rate for England and Wales for the same year was 16.7.

(iv) The percentage of still births to live births has risen to 2.1 per cent. as compared with 1.2 per cent. in the preceding year, and the illegitimate rate has again risen to 4 per cent. from 1.2 per cent. in 1948.

(v) The **excess of births over deaths** was 140 as compared with 172 in the preceding year, the difference representing a percentage of 31.8 as compared with 43 per cent. in the preceding year.

2. Deaths

(a) The number of people who died from all causes is approximately the same as in the preceding year, 227 as compared with 219. Of these, 132 were males and 95 females. It is impossible under the present system to compute accurately the average age at death, but from the monthly records maintained in the Public Health Department it is estimated that this cannot be very much less than 67 years.

(b) The **Death Rate** per thousand of the estimated population has risen slightly to **11.9** as compared with 11.4 in 1948, but it is less than the rate for 1947—12.7. The Death Rate for England and Wales was 11.7 per thousand.

(c) The **Causes of Death**, according to the Registrar General's List were as shown in Table 1 below. These do not differ materially in character or frequency from the causes of death obtaining in 1948.

TABLE I.

Causes of Death	Male	Female	Total
Tuberculosis Respiratory ...	1 (—)	4 (4)	5 (4)
Other forms of Tuberculosis ...	2 (1)	1 (2)	3 (3)
Influenza	2 (3)	2 (—)	4 (3)
Cancer	14 (9)	12 (16)	26 (25)
Diabetes	1 (—)	3 (2)	4 (2)
Intracranial vascular lesions ...	16 (13)	9 (14)	25 (27)
Heart Disease	63 (39)	47 (39)	110 (78)
Other Diseases of Circulatory System	— (2)	4 (3)	4 (5)
Bronchitis	7 (4)	3 (3)	10 (7)
Pneumonia	6 (9)	1 (3)	7 (12)
Other Respiratory Diseases ...	— (1)	1 (—)	1 (1)
Other Digestive Diseases ...	4 (2)	2 (2)	6 (4)
Nephritis	2 (5)	2 (—)	4 (5)
Premature Birth	1 (—)	— (—)	1 (—)
Congenital Malformation, Birth Injuries, Infant Diseases ...	4 (1)	— (2)	4 (3)
Suicide	2 (1)	1 (—)	3 (1)
Road traffic accidents	2 (2)	— (3)	2 (5)
Other violent causes	2 (5)	1 (2)	3 (7)
All other causes	3 (10)	2 (10)	5 (20)
Totals ...	132	95	227

Figures in brackets refer to the preceding year.

3. Infant Mortality

(a) Only eight babies under one year of age died in the District during the year—one less than in the preceding year. This represents an **Infant Mortality Rate of 21.8 per thousand** live births, a distinct improvement on the rate for the preceding year which was 23 per thousand, and still more strikingly so on that for 1947 which was 47.8 per thousand. This downward trend is most welcome and is general throughout the country, the figure for England and Wales being 32 per thousand.

(b) Another aspect which may be described as satisfactory is the fact that the few babies who died succumbed, in the main, to conditions which would not have been foreseen or prevented, thus :—

TABLE II.
INFANT DEATHS

Causes of Death						Males	Females
Influenzal Meningitis,							
Broncho pneumonia	...	...	...	...		3 Months	
Prematurity (7 months)	...	...	...	...		2 Days	
Atelectasis							
Pulmonum	...	...	...	...	...	2 Days	
Cardiac failure							
Infected eczema	...	...	...	...	...	10 Months	
Broncho pneumonia	...	..	...	...	...	2 Weeks	NIL
Atelectasis							
Prematurity of 34 weeks	...	...	...	...	...	2 Hours	
Congenital heart disease	...	...	...	...	...	2 Weeks	
Kernicterus							
Erythroblastosis							
Foetalis	...	...	...	...	...	2 Days	

It is an odd circumstance that all the fatalities were male and that the majority died within the first few weeks of their life. Considering that during the summer flies were particularly plentiful in the rural area, it is a matter for satisfaction that no fatalities arose from gastro-intestinal infections with which they are associated.

SECTION III.

INFECTIOUS AND OTHER DISEASES

1. The infectious diseases notified during the year were as follows :—

TABLE III.
Infectious Disease Notified

Disease	Cases Notified	Removed to Hospital or Sanatorium	Deaths
Scarlet Fever ...	21 (12)	18	—
Whooping Cough ...	65 (145)	—	—
Measles ...	74 (365)	—	—
Pneumonia ...	16 (9)	2	7
Erysipelas ...	2 (4)	—	—
Poliomyelitis ...	1 (—)	1	—
Puerperal Pyrexia ...	2 (—)	1	—
Food Poisoning ...	1 (2)	—	—
Tuberculosis Pul. ...	11 (16)	8	5
„ Non-Pul. ...	5 (3)	1	3
	198 (556)	31	15

Figures in brackets refer to the preceding year.

2. The age distribution of the diseases notified is shown in the following table :—

TABLE IV.
Age Group Distribution — Infectious Disease.

Disease	0—5	—10	—15	—20	—45	over 45	Total
Scarlet Fever ...	6	14	—	1	—	—	21
Whooping Cough ...	36	22	3	1	3	—	65
Measles ...	49	22	3	—	—	—	74
Pneumonia ...	4	—	4	—	5	3	16
Erysipelas ...	—	—	—	—	—	2	2
Poliomyelitis ...	—	1	—	—	—	—	1
Puerperal Pyrexia ...	—	—	—	2	—	—	2
Food Poisoning ...	1	—	—	—	—	—	1
Tuberculosis Pul. ...	—	—	—	1	4	6	11
„ Non-Pul. ...	2	—	—	—	2	1	5
	98	59	10	5	14	12	198

3. The distribution of the diseases by Parishes is shown in Appendix B (page 25).

4. Comment—

(a) The very considerable decrease in the number of infectious diseases notified during the year under review (198) compared with the preceding year (556) is a matter of satisfaction. It is largely accounted for by the decrease in the incidence of **Measles** and **Whooping Cough**. Measles usually displays a periodic cycle epidemic occurring every second year. The number of cases which did occur (74) was unusual for a non-epidemic year and so was the time of year, the peak of the "epidemic" having been in the month of August.

(b) There is no evidence to account for the welcome drop in the number of cases of **Whooping Cough**. It is known that increasing use is being made of prophylactic vaccine, but it is not possible on evidence at this stage to attribute the decrease in incidence to this circumstance. The majority of the cases occurred during January and February, but an unexpectedly large proportion of cases was notified during the summer months.

(c) The number of cases of **Scarlet Fever** notified (21) was small. The cases reported were remarkable for the mildness of the attack.

(d) The solitary case of **Poliomyelitis** (Infantile Paralysis) was as unaccountable as this disease often is. There was no history of contact with other cases and happily, none resulted from it, although the patient belongs to a large family, both young and old. Unfortunately, severe paralytic symptoms occurred, both lower limbs being affected. The usual precautions were taken and contacts excluded from school. All general practitioners in the District and adjoining Districts were notified.

(e) The solitary case of **food poisoning** as far as could be ascertained may have been caused by a duck's egg. No bacteriological evidence of an enteric infection was elicited.

(f) **Tuberculosis.** (i) The number of new cases of Tuberculosis was only slightly higher than that recorded in the preceding year and this was largely accounted by Non-Pulmonary cases. As in previous years, the number of females contracting both Pulmonary and Non-Pulmonary Tuberculosis was very much higher than the incidence in males.

(ii) It is gratifying to note that in spite of the acute housing difficulties and the shortage of Hospital and Sanatorium accommodation necessitating long waiting periods at home for many cases, the balance of cases at the end of the year was almost the same as last year, and, more welcome still, the proportion of recoveries is higher. (Table 5 below.)

(iii) The care and after-care of cases of Tuberculosis waiting for Sanatorium accommodation, or on discharge from a Sanatorium, is very much assisted by the work of the Tuberculosis Care Committees both at Faversham, for the Eastern part of the Swale, and at Sittingbourne and Milton, for the Western part of the Swale. These Care Committees, whose income depends entirely on the sale of Christmas "seals," provide material assistance to those who need it of a kind which is beyond the scope of the National Health Service, e.g., fuel for warmth, lighting, assistance with rent, occupational therapy, clothes, bedclothes, extra food, etc.

TABLE V
Tuberculosis Notifications

	Pulmonary		Non-Pulmonary		Total
	M.	F.	M.	F.	
No. of Register 1/1/49	42 (35)	27 (24)	13 (14)	16 (16)	93 (89)
New cases notified ...	3 (4)	8 (5)	1 (—)	4 (2)	16 (14)
Restored to Register ...	— (1)	1 (—)	— (—)	— (—)	1 (1)
Transferred to District	2 (2)	4 (2)	1 (—)	— (1)	7 (5)
	47 (42)	40 (34)	15 (14)	20 (19)	122 (109)
Died ...	2 (—)	2 (5)	1 (1)	1 (—)	6 (6)
Left District ...	1 (—)	2 (—)	— (—)	2 (1)	5 (2)
Recovered ...	3 (—)	4 (1)	— (—)	4 (2)	11 (3)
Cancelled					
Non Tuberculous ...	1 (—)	— (—)	— (—)	— (—)	1 (1)
Balance remaining on 31/12/49 ...	40 (42)	32 (27)	14 (13)	13 (16)	99 (98)

(iv) The long wait for Sanatorium beds which the circumstances existing to-day impose on cases of tuberculosis causes serious hardships and constitutes a very grave risk of the spread of infection. This is a matter which is beyond the control of the Council and it can only be hoped that some remedy will soon be found by the appropriate authorities to increase the hospital accommodation and to extend facilities for the protection of those exposed to risk against infection by B.C.G. vaccination.

(g) **Diphtheria Immunisation.** By courtesy of the County Medical Officer I am able to report that the number of children under 15 years of age who were protected against Diphtheria by immunisation at the end of the year was 1,376 out of a total of 4,229, a percentage of 32.5%. This is not a high percentage of immunised children, and it is certainly much lower than that obtaining in the neighbouring Urban Districts. Fortunately there has been no case of Diphtheria notified in the district during the year.

(h) **Small Pox Vaccination.** Again, by courtesy of the County Medical Officer, I am able to report that during the year 185 primary vaccinations against Small Pox were carried out, 120 in children under one year of age, 58 in children between one and two years of age, two in children between five and 14 years of age, and five in children or others over 15 years of age. In addition 20 cases were re-vaccinated. On the basis of births for the year 1948, which numbered 391, the proportion of primary vaccinations is approximately 47%, which is better than the average, but much still requires to be done by education to induce parents to overcome prejudice and superstition against vaccination.

(ii) It is hoped that the recent (1950) disaster in Glasgow will provide a salutary lesson to those who are prepared to expose themselves and their children to a totally unnecessary risk. It will be of interest that, of the cases affected by the Glasgow epidemic, **all those who died (six) from Small Pox had never been vaccinated.** The others (12) affected had the disease in a very modified form, the only two who had the disease severely having only been vaccinated once, some years ago—18 and 43 years previously.

This epidemic must be remembered because it shows how easily Small Pox can be introduced into the country by arrivals from the East, particularly so in these days of quick air travel which does not permit of the development and recognition of the disease before arrival. **Another fact which emerged from this epidemic is that no case occurred in any person who had been successfully vaccinated within the previous seven years.** 162,000 persons were vaccinated in and around Glasgow during the crisis, but it is the height of folly to wait for an emergency to arise before taking a precaution of proved value, because the protection conferred by primary vaccination is not immediate and may, therefore, be too late.

SECTION IV

General Provision of Health Services

1. Staff

A change occurred in the nature of the duties of the Medical Officer of Health, who was relieved of his part-time welfare duties with the County Council to become Medical Officer of Health to the three Isle of Sheppey Districts (Queenborough Borough Council, Sheerness U.D.C. and Sheppey R.D.C.). The appointment is subject to revision at the end of twelve months in the light of the experience gained by then of its practicability.

Mr. Vandepier left on 30th June, 1949, to take up another appointment.

2. Health Services

The health services provided by the District are those connected with environmental hygiene, health education, water supplies and sewerage, the control and prevention of infectious disease, the inspection of food and food premises, housing and rodent control, which are reported on in other Sections of this Report. Personal health services are administered by the County Council as the Health Authority under the National Health Service Act. The liaison between the two branches of the Health Service is poor under the present organisation and it is most desirable that closer contact should be maintained in day-to-day administration to enable the Medical Officer of Health to have a complete picture of all that is going on in his District.

3. School Health Services

(a) By courtesy of the County Medical Officer I am able to quote the following figures relating to the School Health Services in the District :—

(i) Number of children inspected (periodic)	672	(747)
(ii) Number of special inspections	47	
(iii) Number of re-inspections	748	
(iv) Number of pupils (at i) found to require treatment	136	
(v) Percentage (iv) of (i)	20.2%	(18.3%)

(b) The commonest defects found are still orthopædic defects, mainly flat feet and postural defects, ear, nose and throat, chiefly nose and throat (tonsils and adenoids) and eye conditions, mainly defects of vision. This year the order of frequency has changed, orthopædic defects taking precedence over nose and throat conditions, thus :—

Defects							Percentages	
Orthopædic	...	...	...	...	46	(24)	29.3%	(15.7%)
Ear, Nose, Throat	...	...	...	...	42	(45)	26.8%	(28.7%)
Eyes	...	...	...	...	19	(29)	12.1%	(12.5%)
Psychological	...	...	...	...	9	(4)		
Developmental	...	...	...	...	10	(—)		
Lungs	...	...	...	...	5	(4)		
Heart and Circulation	...	...	...	...	4	(2)		
Speech defects	...	...	...	...	4	(4)		
Skin conditions	...	...	...	...	6	(10)		
Other	...	...	...	...	10	(23)		

(c) The classification of the general condition of pupils inspected during the year is of interest in that it shows the same trend as that obtaining in neighbouring districts, i.e., an increase in the middle or fair group at the expense of the best group (A) and an improvement in the poor group (C). Thus :—

Groups	Number Inspected	Percentages		
		Good	Fair	Poor
Entrants	279	30.5 (36.5)	59.8 (49.3)	9.7 (14.2)
Second Age Group ...	302	29.8 (32.8)	64.2 (48.6)	6.0 (10.4)
Thrid Age Group ...	56	41.1 (20 0)	50.0 (52.4)	8.9 (9.5)
Other periodic inspections	35	34.3 (53.3)	62.9 (59.7)	2.8 (12.2)
	672 (747)	31.2 (35.1)	61.2 (52.9)	7.6 (12.0)

Note that whereas the standard of entrants and of second age group children has fallen, that of third age group children has improved markedly as compared with the preceding year.

(d) The figures for the Dental Service are as follows :—

(i) Number inspected by County Dental				
Officers (Periodic and Special)	...	757	(2383)	
(ii) Number found requiring treatment	...	359	(890)	
(iii) Percentage	...	47.4	(37.3)	
(iv) Number actually treated	...	254	(443)	
(v) Percentage treated	...	70.8	(49.7)	

The very much reduced number of inspections probably reflects the difficulties experienced in the School Dental Service during the year.

(e) **Infestation with Vermin.** Of 5,298 pupils inspected, 50 or 0.94% were found infested with Vermin as against 0.8% in the preceding year. Not a high percentage, but an unfortunate increase.

4. Rodent Control

The Council employ one Rodent Operator covering the whole Swale area in a van. In April, due to the amount of small debts outstanding for rat destruction, it was decided to carry out treatments **after** payment and not before as previously, and also to carry out a "follow up" treatment approximately 14 days after the initial poisoning as recommended by the Ministry of Agriculture and Fisheries.

The following summary shows the work done during the year :—

Number of Complaints	...	...	...	24
Found on Survey	...	...	...	107

Treatments carried out by L.A.	133
Awaiting initial treatment	8
Awaiting follow up treatment	13

The treatments were carried out at :—

Dwelling houses	41
Business Premises	20
Farms	56
Tips, Sewers, etc.	16

The estimated kill based on the Ministry formula is 3,295.

5. Disinfection Services

Fifty-one visits made by the staff of the Health Department during the year in connection with infectious disease, and 35 rooms disinfected.

SECTION V

Sanitary Circumstances of the Area

1. Water Supplies

The western parishes of Hartlip, Upchurch, Lower Halstow, Newington and Bobbing are served by the Chatham Water Company, supplying partly through their own mains, and partly via the Swale R.D.C. The central and eastern parishes of Bredgar, Tunstall, Borden, Milstead, Rodmersham, Kingsdown, Doddington, Lynsted, Teynham, Newnham, Norton, Eastling, Ospringe, Stalisfield, Throwley, Badlesmere, Sheldwich, Boughton, Selling, Dunkirk, Hernhill, Graveney, Luddenham, Stone and Buckland are well served by the Mid Kent Water Company. Bapchild and Tonge are supplied by the Swale R.D.C. and Oare by the Faversham Water Company.

(ii) Approximately 610 houses in the outlying parts of all the parishes except Bapchild, Bobbing, Iwade, Lower Halstow, Newnham and Tunstall are still dependent on well supplies, but 105 houses have been connected to a main supply this year.

(iii) No extension of the water mains has been carried out during the year, but new 3in. mains were laid in Church Lane, Newington and at Lower Halstow to improve the supply to Lower Halstow.

(iv) Twenty-three samples of water were taken during the year ; 12 routine checks on main supplies, which were found to be quite satisfactory, and 11 from wells. Three samples from wells showed evidence of recent faecal contamination, and negotiations were started for connecting the premises to the main supply, but

owing to the distance of the main from the premises, this has not yet been accomplished and the tenants have been advised to boil all water taken from these wells. Three of the remaining eight samples were satisfactory, but five were regarded as being suspicious in view of the high counts.

2. Drainage and Sewerage

New sewers have been laid in Conyer, picking up the existing house drainage and then pumping to the Teynham Works, which had to be enlarged to take the additional volume of sewage.

SECTION VI

Food and Food Inspection

1. Cowsheds and Dairies

(a) **Milk Producers.** The number of milk producers in the district is 42, 12 of whom retail it. There are 10 producing Tuberculin Tested Milk and four producing Accredited Milk. The number of retailers is 46.

(b) During the year 21 samples of milk were taken ; 14 from Tuberculin Tested herds, of which nine were satisfactory, and seven from Accredited herds, of which six were satisfactory. The drop in number of samples from those taken last year was due to the transfer of the responsibility of supervision under the Milk Dairies Act, of 1944, but it is gratifying to note that the number of unsatisfactory samples had dropped to 28.6% from the preceding year's figure of 66.6%. There is, however, still room for considerable improvement in handling of milk. One sample was taken for biological examination, but revealed no evidence of Tuberculosis.

2. Meat and other Foods

(a) No slaughter is carried on in this District, supplies being drawn from Faversham and Sittingbourne.

(b) As a result of inspections 511 lbs. of Meat, 41 tins of assorted foodstuffs, 104 lbs. of butter, 77½ lbs. of cheese, 7½ lbs. of tea and 1½ lbs. of chocolate were found to be unfit for human consumption and destroyed. Details are given in Appendix D.

3. Bakehouses

Five bakehouses are being used in the area and are satisfactory.

4. Fish Fryers

There are only four fish fryers registered with the Council, their premises have all been inspected and found to be in order.

5. Ice Cream

(a) At the end of the year 28 premises were registered for sale of ice cream, as compared with 10 in the preceding year. No ice cream is made or reconstituted in the district. Forty samples of ice cream were taken for examination, but eight were spoiled owing to transport delays. Of the remaining 32 the results were as follows :—

13	were in Category I
7	II
11	III
1	IV

(b) It is hoped that an improved standard of supervision will achieve a higher proportion of samples in the first two categories.

6. Food Byelaws

The Council has accepted a recommendation that the Byelaws dealing with hygiene and practices connected with the handling and delivery of food should be adopted.

7. Food and Drugs Act

By courtesy of the Food and Drugs Authority I have been enabled to quote the following record of the sampling work carried out in this District during the year by the County Sampling Officers :—

Article	No. of Samples
Baking Powder	1
Balsam of Aniseed	1
Bitter Beer	2
Butter	1
Cake Mixture	1
Cascara Sagrada	1
Celery Salt	1
Coffee	2
Cooking Fat	1
Custard Powder	2
Foot Bath Salts	1
Foot Ointment	1
Gin	3
Ginger Wine	1
Glycerine and Honey	1
Golden Raising Powder	1
Ham and Veal Paste	1
Health Salts	1
Iodine Ointment	1
Lemco Concentrated Consomme	1
Mayonnaise	1

Meat Paste	...	...	...	...	2
Milk	...	...	...	...	54
Mixed Spice	...	...	...	...	1
Polony	...	...	...	...	1
Saccharin	...	...	...	...	1
Soup	...	...	...	...	1
Spaghetti	...	...	...	...	1
Sponge Mixture	...	...	...	...	2
Sulphur Tablets	...	...	...	...	1
Thyme	...	...	...	...	1
Yeast Tablets	...	...	...	...	1
Zinc and Castor Oil Ointment	...	...	...	...	1
Zinc Ointment	...	...	...	...	1
Total					94

All the above samples were genuine with the exception of the following :—

- Milk. Contained 3.2% extraneous water. Adulterated.
Further samples were taken and proved to be satisfactory. No action was taken on the adulterated sample.
- Milk. 1.7% deficient in fat. Inferior.
- Milk. 13.3% deficient in fat. Adulterated.
These deficiencies were due to poor quality milk given by the cows.
- Milk. 6.7% deficient in fat. Inferior.
A further sample was taken and proved to be genuine.
- Milk. Contained 7.3% extraneous water. Adulterated.
A written caution was issued. Further samples were taken and were genuine.
- Milk. Fat 2.93%, Solids not Fat 8.21%, Slightly watered. Inferior.
A written caution was issued. Further samples were genuine.

SECTION VII

HOUSING

1. Hutted Camps

Inspections were carried out during the year by Ministry of Health officials—the Regional Welfare Officer and Public Health Nursing Officers—of the Service Camps in the District which are used for housing purposes. The visit of these Officials was very welcome in that it displayed the interest of the Ministry in the very

unsatisfactory state of the Camps and established justification for their continued use, at least for some time to come, and, therefore, for their maintenance in good order. The continued necessity to use these Camps for human habitation five years after the end of the War is deplorable, but, if the progress of the housing cannot keep pace with the demand, there would appear to be no alternative and the unfortunate people who have to occupy them must at least have weather proof huts, adequate sinks for washing up and water laid on. These improvements are to be carried out as soon as possible.

2. Hop Pickers Camps

Although these are purely temporary dwellings occupied during the hop picking and fruit picking seasons, their number, and the number of people inhabiting them is large and they present an important public health problem. A Circular was prepared (Appendix E) pointing out the common sanitary faults found in these Camps, and this was issued to all Hop Growers who were later invited to attend a conference. The main faults lie in the inadequacy of the design of the latrines used, the indifferent water supply in some cases, the overcrowding of huts and the poor standard of sanitary supervision. The Conference was very well attended and hop growers generally expressed their willingness to improve on existing methods, but all complained of the difficulty in dealing with the type of worker both for fruit picking and hop picking.

3. The Housing Act, 1949

As the Rural Housing Survey by the end of the year showed that over 50% of the total houses inspected were in Categories III and IV, namely houses which required repairs, structural alteration and improvement, and houses appropriate for reconditioning, it was hoped that much benefit would result from the provisions of the new Housing Act. It appears, however, that shortage of labour makes it almost a dead letter at present, but there is reason to hope that this circumstance will improve in the near future.

4. The Rural Housing Survey

(a) The position by the end of the year was that 3,858 houses had been surveyed, an advance of 2,370 on the total at the end of the preceding year. As only two Sanitary Inspectors are engaged on the Survey and as the Survey has to be combined with all their other duties, the progress made reflects great credit on the Inspectors concerned,

(b) The classification by the end of the year was as follows :—

			Dec. 1948	Dec. 1949
Category	I	...	254 (17.0 %)	1030 (26.6 %)
	II	...	155 (16.4 %)	344 (8.8 %)
	III	...	537 (36.0 %)	1158 (30.0 %)
	IV	...	334 (23.0 %)	913 (23.6 %)
	V	...	208 (13.9 %)	413 (10.6 %)
			<hr/> 1,488	<hr/> 3,858

The figures reveal a slight improvement in the proportion of houses in the better categories and a slight but welcome decrease in the proportion of houses unfit for human habitation. It is feared that it will take a long time to get rid of the Category V houses as the majority of their occupants cannot afford the rent charged for Council Houses and are, therefore, not applicants. The only possible procedure in these circumstances is to wait until these houses become vacant and then proceed with Demolition Orders under Section II of the Housing Act.

(c) The largest proportion of houses is in Category III—houses requiring repairs, structural alteration and improvement, and these, as has already been noted, are difficult, if not impossible to achieve owing either to shortage of labour or of materials, or because of the reluctance of owners to commit themselves to the considerable expenditure involved to-day without reasonable prospect of recoupment because of the provisions of the Rent Restrictions Acts. In these circumstances the position of the landlord deserves much sympathy ; on the other hand the tenant's essential interests must be safeguarded. The only solution lies in insistence only on the minimum repairs consistent with the comfort of the tenants, but even the carrying out of these involves the Staff of the Health Department in a very great deal of additional correspondence and loss of time which would ordinarily be devoted to other duties.

5. Housing Progress

(a) The number of new permanent houses completed by the Council and allocated to tenants during the year was 153 as compared with 119 during 1948. In addition 29 houses were built by private enterprise and 32 tenants were accommodated in vacancies which occurred in existing Council houses.

(b) The number of "live" applications by the end of the year was 429 as against 521 at the end of 1948.

6. Selection of Tenants

Recommendations have been placed before the Council for the improvement of the system at present in force for the selection of

tenants for Council houses so as to ensure that consideration is given to the most urgent need for housing and that undue weightage is not given to other relatively unimportant factors. The system recommended is based on the Third Report of the Housing Management Sub-Committee of the Central Housing Advisory Committee of the Ministry of Health. The matter was still under consideration by the end of the year.

7. Individual Unfit Houses

Official Representations under the provisions of Section II of the Housing Act were made in respect of :—

Black Cottage, Sheerness Road, Bobbing (demolished).

Forge Cottage and Forge House, Key Street Hill, Bobbing (demolition in progress).

Cottage, Chestnut Wood, Borden (demolished).

Wooden Cottage, Chesley, Newington (demolished).

Clare Cottage, Milstead (undertaking to effect improvements accepted).

8. Problem Families

Families whose living habits are insanitary, and whose circumstances are unstable, continue to present the most difficult problem in rehousing. One thing is certain, that they cannot be allowed to continue to live indefinitely in squalor if for no reason other than the multiplication of the problem because of the bad habits their children, usually numerous, will inevitably acquire. On the other hand, to put this type of family into a new Council house is to court disaster. Two such families had to be evicted from Council houses during the year because of destruction, filthy habits and failure to pay rent. The only practicable alternative appears to be that of providing them with accommodation in hutted camps on a more or less indefinite basis, and to take steps to educate them in a better way of living in the hope that reform will qualify them ultimately for consideration for a Council House.

For this purpose, if for no other, the hutted camps are of great value. All the more reason, therefore, why they should be maintained in good order.

9. Notices

(a) During the year 382 informal notices were served for housing defects under the Public Health Act and 40 notices for housing defects under the Housing Act, 1936. 328 of the former and 12 of the latter were complied with, the remainder having to be dealt with by Statutory Notice. In the main the defects referred to dampness, defective roofs and drainage.

APPENDIX A

READINGS RECORDED AT THE BOROUGH
SEWAGE WORKS*(By courtesy of Mr. Colin Walton of Faversham)*

Month	Maximumo	Minimumo	Rainfall in inches
January	54o (55o)	27o (24o)	1.50 (2.80)
February	58o (46o)	18o (35o)	.93 (1.36)
March	63o (57o)	25o (38o)	.81 (.77)
April	81o (74o)	30o (32o)	1.30 (1.80)
May	73o (76o)	31o (33o)	1.48 (1.39)
June	86o (86o)	40o (44o)	.55 (2.55)
July	92o (88o)	43o (45o)	.65 (1.16)
August	86o (84o)	44o (42o)	.87 (2.27)
September	91o (78o)	48o (35o)	1.50 (2.36)
October	71o (72o)	27o (26)o	6.32 (1.27)
November	56o (61o)	25o (24o)	3.40 (1.61)
December	55o (58o)	25o (18o)	1.10 (2.43)
Total Rainfall			20.14 inches (21.77)

Figures in brackets refer to the preeeding year

APPENDIX B

Distribution of Cases of Infectious Disease by Parishes.

	Scarlet Fever	Whooping Cough	Measles	Pneumonia	Erysipelas	Poliomyelitis	Puerperal Pyrexia	Food Poisoning	Tuberculosis Pulmonary	„ Non-Pulmonary	Totals
Bobbing	0	0	6	0	0	1	0	0	1	0	7
Borden	3	4	5	0	0	0	0	0	0	0	12
Bredgar	0	27	0	0	0	0	0	0	0	0	27
Doddington	1	0	2	1	0	0	0	0	1	0	5
Dunkirk	0	1	0	0	0	0	0	0	1	1	3
Eastling	0	1	0	0	0	0	0	0	0	1	2
Fav. Without	1	0	0	0	0	0	0	0	0	0	1
Graveney	1	0	0	0	0	0	0	0	0	0	1
Hartlip	1	4	1	1	0	0	0	0	0	0	7
Hernhill	0	0	4	1	0	0	0	0	1	1	7
Iwade	0	2	7	0	0	0	0	0	0	0	9
Leaveland	0	0	1	0	0	0	0	0	0	0	1
Lower Halstow	0	3	0	1	0	0	0	0	0	0	4
Luddenham	0	0	0	0	0	0	0	0	1	1	2
Lynsted	0	0	0	3	0	0	0	0	0	0	3
Newington	0	2	8	1	0	0	1	0	1	0	13
Newnham	0	0	1	0	0	0	0	0	0	0	1
Norton	1	0	0	0	0	0	0	0	0	0	1
Oare	1	1	7	1	0	0	0	0	1	1	12
Ospringe	1	0	2	0	0	0	0	0	0	0	3
Selling	1	0	0	1	0	0	0	0	0	0	2
Sheldwich	0	0	1	0	0	0	0	0	2	0	3
Stalisfield	0	1	1	0	0	0	0	0	1	0	3
Stone	1	0	0	0	0	0	0	0	0	0	1
Teynham	2	2	17	3	1	0	1	0	1	0	27
Tonge	1	0	0	0	0	0	0	0	0	0	1
Tunstall	2	2	2	0	0	0	0	0	0	0	6
Upchurch	4	15	9	3	1	0	0	1	0	0	33
	21	65	74	16	2	1	2	1	11	5	198

APPENDIX C**Record of Inspections by Sanitary Inspectors****Visits. (Housing)**

Rural Housing Survey	1741
Housing Acts	46
Revisits Housing Acts	56
Council House Applications	350
Council House Tenancies	25
Housing Act, 1949	1

Public Health

Complaints re houses	1086
Revisits (Houses)	3023
Infectious Disease	51
Tents Vans and Sheds	31
Hop Pickers Camps	211
Fruit Pickers Camps	24
Schools	13
Smoke Observations	8
Knackers Yards	2

Food and Drugs Act and Shops

Food Premises	Bakehouses	9
	Grocery and General	196
	Restaurants	77
	Inns	82
	Butchers	59
	Fried and Wet Fish Shops	19
	Ice Cream	109
Cowsheds ann Diaries		96
Shops (Non-Food)		93
Shops re-Closing Hours		24

Factories

With Power	58
Non-Power	32
Workplaces	19
Re-visits	33

General

Interviews	394
Rat Destruction	32
Visits with District S.I.	20

APPENDIX D

Food unfit for human consumption

Meat

21 lbs.	Topside and Rump	(English)	Heated
65 lbs.	Chuck	(English)	Heated
11 lbs.	Topside and Rump	(English)	Heated
32 lbs.	1 Carcase Lamb	(English)	Tainted (Suspected poisoning)
4 lbs.	Hindquarter trimmings	(Imported)	Tainted and Stained
130 lbs.	Topside and Rump	(Imported)	Bone Taint
5 lbs.	Ox Liver	(Imported)	Ulcerated
112 lbs.	Hindquarter	(English)	Heated
15 lbs.	Loin Beef	(English)	Bruising
38 lbs.	Rump	(English)	Heated
43 lbs.	Topside and Rump	(English)	Heated
35 lbs.	Topside and Rump	(English)	Heated
<hr/>			
511 lbs.			

Other Food Stuffs

1 tin	Peas	Blown
4 tins	Milk	Damaged
6 tins	Meat	Blown and Damaged
3 tins	Brawn	Blown
27 tins	Jam	Damaged
104 lbs.	Butter	Rancid
77½ lbs	Cheese	Poor quality and stale
7½ lbs.	Tea	Damaged by water
1½ lbs.	Chocolate	Contaminated by mice

APPENDIX E

All Hop Growers

Dear Sir,

Hop Pickers' Camps

1. At the conclusion of the 1949 Hop Picking Season, and after three years of observation, I feel that it will be profitable to all concerned to review in retrospect the experience gained and to suggest remedies which will make it possible for improvements to be carried out in time for next year's season. In presenting this review my intention is to make available to you practical advice which should be of assistance to you in the maintenance of the good health and welfare of hop pickers and of the community amongst whom they live during the season.

2. **Notice**—The first point I wish to make is a request to all growers that the Byelaws made by the Council for Hop Pickers' Camps should be strictly observed and particularly Byelaw 3 (i) with regard to the giving of fourteen days notice of intention to occupy the Camp. It is not enough, however, that notice should be given ; it is essential that the Camp and all its facilities be put into commission **at the time of giving Notice** so that an opportunity may be afforded to Health Department Officials to inspect the arrangements **before** the Camp is occupied.

3. **Overcrowding**.—Several cases were seen of bad overcrowding in the huts, as many as seven **adults** living in one hut. Byelaw 3 (x) provides that each person should have a minimum of 20 square feet of floor space and it is advisable that steps should be taken to ensure that this standard be adhered to.

4. **Ventilation and Light**.—Many of the huts in use are dependent for light and ventilation solely on the doorway. When, for reasons of privacy or because of inclement weather, this doorway has to be shut, the occupants are deprived of their only source of light and often of air. Byelaw 3 (iii) demands a "sufficient" means of ventilation and lighting by natural light and it is suggested that this requirement may best be fulfilled by the addition of a window beside the door fitted with glass panes.

5. **Refuse Receptacles**.—These are frequently found to be inadequate in number and defective in design, particularly in regard to lids, with the result that the camp is littered with loose collections of refuse and of paper blowing about. The Byelaws demand (Byelaw 3, viii) that "suitable and sufficient" receptacles be provided at the rate of one for each sixteen persons. It is recommended that the type provided be the domestic galvanised iron type, measuring 24ins. in depth and 18ins. in diameter and fitted with handles and a close fitting lid.

6. Refuse Disposal.—Byelaw 3 (ix) requires that all accumulations or deposits of refuse, etc., be removed daily. I suggest that where space permits, in order to save the expense of cartage, a small incinerator (e.g. basket type) be built to leeward of the Camp in which all refuse can be burnt every day.

7. Water Supply.—(a) In many instances water supplies fall short of requirements, either because the standpipe is too far away from the greater part of the camp, or because the water is brought to the camps in containers or tanks which are liable to contamination. Byelaw 3 (xiii) provides that the supply of water should be situated not further than 150 yards from the lodging; this means **any** lodging or hut in the camp, not merely that nearest to the standpipe or other source of water. In other words, no hut should be more than 150 yards from the source of supply.

(b) The practice of carrying and storing water in tanks is a procedure inevitably attended with risk of infection, as has indeed been disclosed in samples taken from certain camps during the season. Growers would be well advised to consider the extension of pipelines to standpipes in their camps. The initial cost of the outlay will be offset against the recurring charge of cartage and the serious risks to health involved.

(c) With regard to water standpipes in general, it is always advisable (i) to have branched standpipes with several taps to serve the convenience of the pickers and avoid waste of time, and (ii) to have standpipes mounted on a concrete or cement platform draining into a herring-bone system of drainage to avoid the mud puddle which inevitably occurs around it.

8. Privies and Latrines.—(a) Practically in every camp these are most unsatisfactory for four main reasons, viz.:—

- (i) they are of bad design which makes it impossible to avoid their being fouled.
- (ii) they are not fly proof.
- (iii) they lack adequate supervision and cleanliness.
- (iv) they are badly ventilated.

(b) As regards the first, the designs circulated in the past have not proved satisfactory. I am attaching herewith an improved deep trench latrine of well-known and well-tried Army pattern. The main advantages in this design are (i) that the rear is set back so that fouling becomes impossible, (ii) that protection is afforded to the front panel to prevent fouling by urine and (iii) that they are deeper. Existing latrines can at little cost be adapted to this improved design. Further details of the construction can be obtained on application to this office.

(c) The flyproofing of a latrine depends as much on its design as the manner in which it is built. The improved design now recommended is provided with a self closing lid over the seat, and, if well-constructed, should be quite flyproof. The risks to the health of the pickers and to the public health from the present type of latrine which allows full access to flies is immeasurable.

(d) Supervision and cleanliness in most places is unsatisfactory. The best way of overcoming this difficulty is to allocate each privy to a group of pickers, making them responsible for the cleanliness of their privy. This system works admirably in several camps, each group taking a pride in maintaining its own privy (which must of course be provided with a lock and key) in good condition.

(e) Lack of ventilation is a fault in most privies. It must be remembered in designing privies that privacy and decency demand that the door is closed when the privy is occupied, and this is usually the sole means of light and ventilation. Panels should be cut out of rear walls and covered with flyproof gauze.

(f) The improvement in the standard of privies is **priority number one** in most camps and it is hoped that Growers will tackle this problem with the urgency it deserves.

(g) **Other Suggested Improvements.**—Although the Byelaws make no specific requirement, many growers will, I hope, be interested to improve their camps further by the provision of facilities for : (a) the washing of cooking utensils ; (b) ablution and the washing of clothes ; (c) urination for men. Sketches of camp appliances for these purposes of proved efficiency in the Army in the field are attached for your consideration. It will be in the experience of many of the growers that the camps and the welfare of their occupants could be still further improved by the provision of improved showers.

10. General Supervision of Camps. The general supervision and cleaning of camps is in many cases left to a type of person who is not best qualified for the purpose. The maintenance of a good standard of sanitary discipline with the willing co-operation of the hop pickers demands the selection of a person who is active, tactful, cheerful but firm, setting in himself and his habits an example of hygienic living. The broken down old cronies seen in some camps fall very far short of these qualities.

11. Cookhouses and Drying Sheds.—These are a necessary requirement under the Byelaws (Byelaw 3 (xii)) and in most camps

they have been provided. They are, however, frequently broken down largely, I believe, because the hoppers want bricks to make their own fires. If a small supply of bricks could be made available to the hoppers for this purpose it may be possible to avoid the damage to the cookhouses.

12. Direction to Hoppers.—(a) Clear directions to hoppers as to the disposal of refuse and of sullage, and regarding the allocation of latrines by groups and their maintenance in good order, would with advantage be posted inside each hut before occupation.

(b) These instructions should also include such important information as the address and/or telephone No. of the nearest Doctor, the nearest Red Cross Station, the address and telephone No. of this Office, and any other information which may be considered useful.

13. Proposed Conference.—In acknowledging receipt of this review I should be grateful if you would please let me know if you would be willing to attend a Conference of hop growers to consider these recommendations, or whether you consider the observations made in this Review sufficient for your purposes, with such additional details as you may wish to request from me. Should a majority express a wish in favour of a Conference I shall be glad to arrange a meeting at Faversham in the very near future.

I shall be only too happy to give you any further advice you may be in need of on any of the points mentioned, or on any other points which may have occurred to you. My days for the Swale Office are normally Wednesday afternoons and Saturday mornings, but I may be reached by telephone in any of my other offices on the other days of the week.

Yours faithfully,

W. H. CRICHTON, Colonel.

Medical Officer of Health.

